

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 148  
MARYSVILLE, WA 98270



200804030007  
Skagit County Auditor

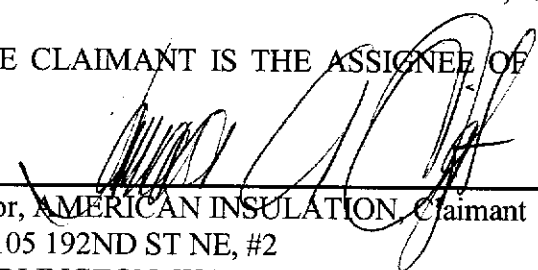
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**CLAIM OF LIEN**

AMERICAN INSULATION  
Claimant.  
VS  
CASCADE TREE SERVICE, KEVIN  
JARMIN  
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: AMERICAN INSULATION  
TELEPHONE NUMBER: (360) 403-8202  
ADDRESS: 6105 192ND ST NE, #2, ARLINGTON, WA. 98223
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: JANUARY 19, 2008
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: CASCADE TREE SERVICE, KEVIN JARMIN, 41722 MT. VIEW LN, CONCRETE, WA. 98237
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 42889 RIVERS EDGE COURT, CONCRETE, WA.  
LEGAL DESCRIPTION: LOT 6, PURD OF RIVERS EDGE, AS RECORDED UNDER AUDITOR'S FILE NO. 200111270057, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P118603
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
KEVIN & JOANNE JARMIN, 41772 MOUNTAIN VIEW LN, CONCRETE, WA. 98237
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE OR MATERIAL, OR EQUIPMENT WAS FURNISHED: JANUARY 21, 2008
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,478.52 PLUS APPLICABLE LIEN FEES &/OR ATTORNEY'S FEES, &/OR INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:  
N/A.


  
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For, AMERICAN INSULATION, Claimant  
6105 192ND ST NE, #2  
ARLINGTON, WA. 98223  
(360) 403-8202  
(Phone Number, Address, City/State of Claimant)

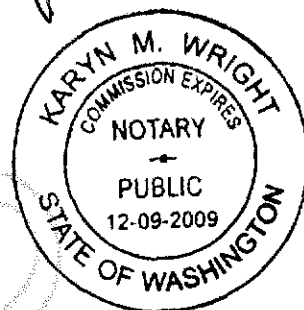
STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

TAMARA A OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

On this day personally appeared before me, TAMARA A OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 31 day of March, 2008

  
PRINTED NAME: KARYN M. WRIGHT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: STANWOOD  
My commission expires: 12/9/2009



Order #08-032357, dated: 3/28/2008



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